



Research Article

A CLINICAL STUDY OF ROOKSHANA POORVAKA VIRECHANA KARMA IN PRE-DIABETES W.S.R. TO STHOULYA**Sneha Makne^{1*}, Jadhav Bhagyashree¹, Kiran M Goud², Supreeth M J²**¹PG Scholar, ²Professor, Dept. of PG Studies in Panchakarma, SKAMCH&RC, Vijayanagar, Bangalore, Karnataka, India.**KEYWORDS:** *Rookshana, Udvartana, Virechana karma, Sthoulya, Pre-diabetes.***ABSTRACT**

We are in the era where human is running in short of time in order to achieve his goals and to fulfil his worldly luxurious desires and due to the sedentary life-style, a significant increase in the prevalence of obesity is found in almost all the age groups in the past few decades. Obesity is the major risk factors for numerous chronic diseases like diabetes mellitus.

Pre-diabetes is the precursor stage to diabetes mellitus in which not all of the symptoms required to label a person as diabetic are present, but blood sugar levels are at borderline or little higher than normal range but not high enough to diagnose as diabetes.

The management of *Prameha Poorvarupa* is explained as *Ubhayatashodhana* specially in *Madhyamvayas*. In metropolitan cities like Bangalore person's life style and food habits causes vitiations of *Pitta Dosha*. And *Virechana* is the ultimate kind of *Shodhana In Pittaja Vikaras*. Hence *Virechana* is chosen As *Shodhana* procedure and to conduct *Shodhana*. Before conducting *Shodhana Rookshana* is to be done As *Poorvakarma In Mamsala, Meduraa, Bhurishlema And Vishamagni Person*.

Hence, the study conducted here is in 10 *Madhyam Vayas* and Pre-diabetes patients, who were subjected to *Triphaladi Udvartana* which is discussed as *Apatarpana yoga* in *Santarpaniya Adhyaya* followed by *Virechana*. Statistically highly significant results were found in - *Ati Trishna, Nidradhikyata, Sweda Adhikya, Angagouravata* and *Alasya* and the objective parameters- body weight, BMI, circumference of hip, abdomen and thigh, skin fold thickness of biceps and triceps ($p < 0.001$).

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INTRODUCTION

We are in the era where human is running in short of time in order to achieve his goals and to fulfil his worldly luxurious desires. Hence he is too busy to think and act for healthy life and not able to follow the proper Dietetic Rules and Regulations which are mentioned under *Dinacharya* and *Ritucharya*. Due to the sedentary life-style, a significant increase in the prevalence of obesity is found in almost all the age groups in the past few decades. Obesity is the major risk factors for numerous chronic diseases like diabetes mellitus.

Pre-diabetes is the precursor stage to diabetes mellitus in which not all of the symptoms required to label a person as diabetic are present, but blood sugar is borderline or little higher than normal range but not high enough to diagnose it as diabetes. According to international diabetes federation, an estimated 381 million people have diabetes and its prevalence may increase rapidly and by 2030 this number is estimated to be double.

Madhurtara of *Amarasa* is discussed in *Rasanimitaja Sthoulya* which is explained in *Sushruta*

sutrasthana^[1] is due to *Madhura Shleshma Ahara, Adhyashana, Avyayama, Diwaswapna* because of which there can be possibility of dyslipidemia if not treated. If the *Nidanas* are continued it can lead to *Sthoulya* and further, because of *Avarana* it can give rise to *Prameha*. In this condition *Madhurtara Ama rasa* precedes *Meha* and hence is correlated to pre-diabetes where there is border line increases in sugar level and absence of glycosuria which is one among the diagnostic criteria of *Madhumeha*.

The management of *Prameha Poorvarupa* is explained as *Ubhayatashodhana* ^[2] specially in *Madhyam vayas* and metropolitan city like Bangalore where people life style and food habits causes vitiated of *Pitta dosha*. Hence *Virechana* is chosen as *Shodhana* procedure and to conduct *Shodhana* in *Mamsala, Meduraa, Bhurishlema* and *Vishmagni* person *Rookshana* is to be done as *Poorvakarma*.^[3]

Hence, this clinical study was conducted in *Madhyam Vayas* and Pre-diabetes patients were subjected to *Triphaladi Udvartana* discussed as

Apatarpana yoga in *Santarpaniya Adhyaya*^[4] for *Udvardana* followed by *Virechana*.

Objectives of the Study

- To evaluate the therapeutic efficacy of *Sarvanga Udvardana* and *Bashpa Sweda* followed by *Virechana* in Pre-diabetes w.s.r to *Sthoulya*.

Materials and Methods

- 10 patients of Pre-diabetes coming under the inclusion criteria approaching the OPD and IPD of SKAMCH & RC, Bangalore were selected for the study on the basis of purposive sampling technique.

Method of Collection Of Data

- It is open clinical trial with pre-test & post design where in 10 diagnosed of Pre-diabetes patients of either sex were selected for the study.

Diagnostic Criteria

- Patient with *Lakshanas* of Pre-diabetes.
- BMI > 25
- FBS > 126mg/dl
- PPBS > 200mg/dl

Inclusion Criteria

- Patients of either sex aged between 30 to 60 years.
- Patients with *Lakshanas* of Pre-diabetes.
- Patient who is fit for *Rookshana Karma*.
- Patient who is fit for *Virechana Karma*.

Exclusion Criteria

- Patients with major systemic disorders that may interfere the course of the treatment

Investigation

- FBS, PPBS

Intervention

- Patients were subjected to *Sarvanga Udvardana* and *Bashpa Sweda* followed by *Virechana*.
- Udvardana* was done with *Triphala*, *Aragvadha*, *Patha*, *Saptaparna*, *Vatsaka*, *Mustha*, *Madana*, *Nimba churna* in equal proportion for 14 days for duration of 35minutes followed by *Bashpa Sweda*.
- After, 14 days of *Udvardana*, *Arohanan Krama Snehapana* with *Moorchita Ghrita* was done till the *Samyak Singdha Lakshanas* were observed.
- During 3 days of *Vishramakala*, *Sarvanga Abhyanga* with *Moorchita Tila Taila* for duration of 35minutes followed by *Bashpa Sweda* was done.
- The next day *Virechana* was given with *Trivrut Avalehya* followed by *Ushna jala*, dose depending on the *Koshta* of the patients, after *Sarvanga abhynaga* and *Bashpa Sweda*.
- After *Virechana Karma*, *Samsarjana Krama* was advised.

Assessment Criteria

- The assessment of the disease was based on subjective and objective parameter before and after treatment as per the proforma.

Subjective Parameter

1. *Ati Trishna*

Normal thirst - 0

Addition to Normal thirst up to 1 liter excess intake of water - 1

Addition to Normal thirst 1 to 2 liter excess intake of water - 2

Addition to Normal thirst 2 to 3 liter excess intake of water - 3

Addition to Normal thirst more than 3 liter intake of water - 4

2. *Nidra Adhikya*

Normal sleep 6-7 hrs. at night - 0

Sleep up to 8 hrs. at night /day with *Anga gaurava* - 1

Sleep up to 8 hrs. at night /day with *Anga gaurava* and *Jrimbha* - 2

Sleep up to 10 hrs. at night /day with *Anga gaurava*, *Jrimbha* and *Tandra* - 3

Sleep more than 10 hrs. at night /day with *Anga gaurava*, *Jrimbha*, *Tandra* and *Klama* - 4

3. *Sweda Adhikya*

Sweating after heavy work and fast movement or in hot season - 0

Profuse sweating after moderate work and movement - 1

Sweating after little work and movement - 2

Profuse sweating after little work and movement - 3

Sweating even at rest or in cold season - 4

4. *Angagourvata*

No heaviness in body - 0

Feels heaviness in body but it does not hamper routine work - 1

Feels heaviness in body which hamper daily routine work - 2

Feels heaviness in body which hamper movement of the body - 3

Feels heaviness with flabbiness in all over body which cause distress to the person - 4

5. *Aalasya*

No Alasya (doing work satisfactory with proper vigour in time) - 0

Doing work satisfactory with delayed initiation - 1

Doing work unsatisfactory with lot of mental pressure and delayed initiation - 2

No starting any work or doing little work very slowly - 3

Does not have any initiation and does not wants to work even after pressure - 4

Objective Parameter

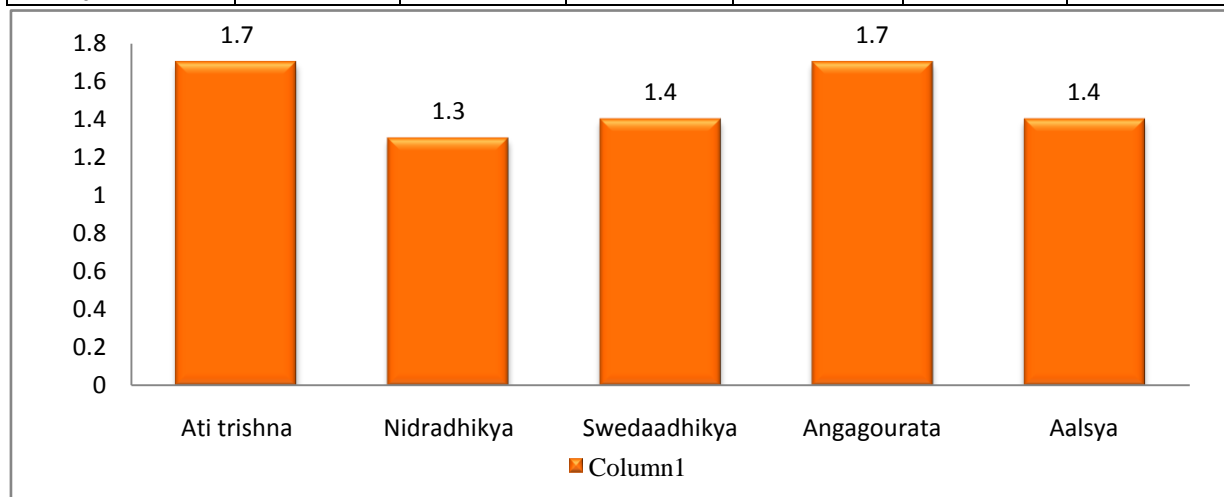
- Body weight
- BMI
- Hip circumference
- skin thickness fold of Triceps
- skin thickness fold of Biceps
- Abdomen circumference
- Thigh circumference
- FBS
- PPBS

OBSERVATION

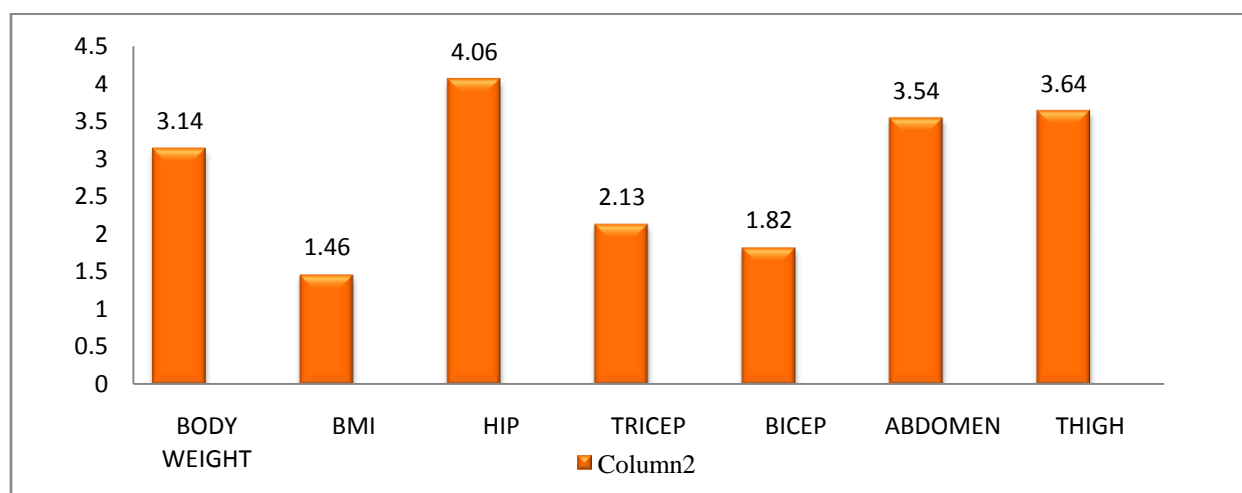
- Among 10 patients 60% patients were males, 50% belonged to the age group between 30 to 40 years, 90% were consuming mixed diet, 70% belonged to upper middle class following sedentary life styles and work pattern, with high calorie food intake.

RESULT**Table 1: Subjective Parameter**

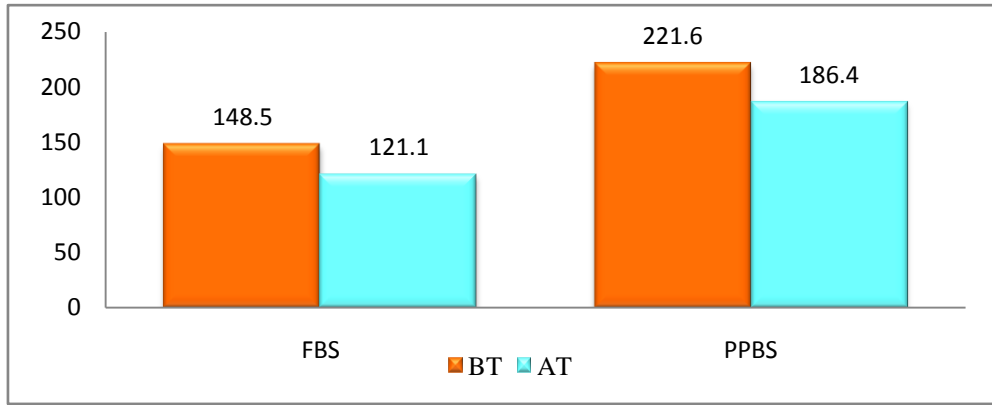
Criteria	Mean	SD	SE	T Value	P value	Remarks
<i>Ati trishana</i>	1.7	1.005	0.318	5.345	<0.001	HS
<i>Nidradhikya</i>	1.3	1.3454	0.4257	3.053	<0.05	S
<i>Swedaadhikya</i>	1.4	0.6633	0.2099	6.66	<0.001	HS
<i>Angagourata</i>	1.7	0.4583	0.145	11.72	<0.001	HS
<i>Aalasya</i>	1.4	0.6633	0.2099	6.66	<0.001	HS

**Table 2: Objective Parameter**

Criteria	Mean	SD	SE	T Value	P value	Remarks
Body Weight	3.14	1.5586	0.4932	6.366	<0.001	HS
BMI	1.462	1.0337	0.3271	4.469	<0.01	HS
HIP	4.06	2.1991	0.6959	5.834	<0.001	HS
TRICEPS	2.134	1.0013	0.3169	6.735	<0.001	HS
BICEPS	1.82	0.8192	0.2592	7.021	<0.001	HS
ABDOMEN	3.547	2.8981	0.9171	3.868	<0.01	HS
THIGH	3.648	2.1097	0.6626	5.464	<0.001	HS

**Table 3:**

Criteria	Mean	SD	SE	T VALUE	P value	Remarks
FBS	27.4	11.11	3.515	7.7931	<0.001	HS
PPBS	35.2	25.14	7.956	4.424	<0.01	HS



The overall results revealed that the effect of *Rooksha Udvartana* followed by *Virechana* in *Sthoulya* on subjective parameters was proved to have statistically highly significant results on *Ati Trishna*, *Swedadhikya*, *Anga Gouravata* And *Alasya* and significant result in *Nidradhikyata*.

On objective parameters- was proved to have highly significant results on body weight, BMI, skin fold thickness of triceps and biceps, hip, abdomen and thigh circumference, FBS, PPBS.

Discussion

Udvartana is having *Kapha* and *Meda Vilayana* [5] property. due to *Ushna Tikshna Gunas* of *Dravya* and due to forceful massage effect on *Romakopa*, the *Veerya* of the drug enters into body, there after it opens the *Mukha* of *Siras*, thereby making the *Paka* of *Kapha* and *Meda*. Due to this, there will be *Dravata vrudhi* of *Kapha* and *Meda*. By this the toxins are eliminated through *Romakupa* as *Sweda*. Due to *Ruksha guna* of *Dravya* and *Ruksha Udvartana*, *Kleda* gets absorbed (*Shoshane ruksha/Hemadri*) thus *Abaddhatva* of *Meda* and *Kapha* might have reduced.

In *Avaranajanya*, the vitiated *Kapha*, *Pitta*, *Mamsa* and *Meda* obstruct the path of *Vata* causes *Vata Vruddhi*. *Samshodhana* is the best treatment for elimination of *Vruddha Doshas*. *Vagbhata* has mentioned that *Doshas* should be eliminated through the nearest passage. *Virechana* is the appropriate *Shodhana* procedure, which is specific for the elimination of vitiated *Pitta dosha*.

Mode of action of *Virechana* [6]

Virechana drugs possessing the *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi* and *Vikasi* properties reach the *Hridaya* by virtue of its *Virya* and then following the *Dhamani* it pervades the whole body through large and small *Srotas*. On virtue of its *Agneya* properties it causes *Vishyanadana* i.e. oozing of the *Dosha* and by its *Tikshna Guna* it is able to disintegrate the accumulated *Dosha*. Due to *Vyavayi* and *Vikasi Guna* the *Virechana* Drugs rapidly reach to the micro-channel (*Anusrotasa*) & then penetrate the micro channels with their *Tikshna* property and scrap off the morbid matter due to *Khara*

property. *Virechana* Drugs carry out the *Virechana* due to their *Prabhava* (potency). These drugs which are having *Jala* and *Prithvi Mahabhuta* dominancy have a natural tendency to go downwards and *Virechana* occurs.

CONCLUSION

From the data extracted by the patients, it can be concluded that *Rookshana Poorvaka Udvartana* followed by *Virechana* is proved to be beneficial in treating the patients with pre diabetic condition, i.e. *Rasa Nimittaja Sthoulya*. As it was observed that there was a highly significant in the reduction of the symptoms - *Ati Trishna*, *Nidradhikyata*, *Sweda Adhikya*, *Angagouravata* And *Alasya* and the objective parameters- body weight, BMI, circumference of hip, abdomen and thigh, skin fold thickness of biceps and triceps.

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